Determinants of Risk and Resilience among Youth and the Effect of Sensitization Programme

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1. INTRODUCTION

Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence. That's why, as a category, youth is more fluid than other fixed age-groups. Yet, age is the easiest way to define this group, particularly in relation to education and employment, because 'youth' is often referred to a person between the ages of leaving compulsory education, and finding their first job. According to the UN, the definition of youth perhaps changes with circumstances, especially with the changes in demographic, financial, economic and socio-cultural settings; however, the definition that uses 15- 24 age cohort as youth fairly serves its statistical purposes for assessing the needs of the young people and providing guidelines for youth development.

"Youth at risk" is a general term for young people who are more likely to experience problems due to circumstances in their childhood, academic challenges, social difficulties, legal trouble, substance abuse, college failure and mental health disorders. Youth at risk may have a harder time in transitioning into adulthood, succeeding academically, becoming job ready, becoming financially independent, and avoiding a life of crime.

Researchers study risk factors that contribute to these problems and resilience is the protective factors that can help. Protective factors can be personal, like problem-solving skills, or environmental, like family income or social support. The study of resilience is a fascinating subject that identifies those characteristics that empower some youth and young people to do well in life, even though they have experienced what seems like insurmountable difficulties (Beverly Killian, 2002).

According to the United Nations, determining youth occurs between 15 and 24 years, thus being one of the most important stages of life to intrinsically define the person, their interests, their projects, and their relationship to the world around them. Youth is not only a biological, but psychological, social, and cultural process, that is it is largely a social construction; depending on the historical period and society in which we find young people of different ages will be considered. It is therefore necessary to place the youth in the society in which they live. Today, there are 1.2 billion young people aged 15 to 24 years, accounting for 16 percent of the global population. By 2030 the target date for the Sustainable Development

Goals (SDGs) that make up the 2030 agenda, the number of youth is projected to have grown by 7 percent, to nearly 1.3 billion (United Nation 2007).

SCOPE OF THE STUDY

The scope of this study centres on reducing risk behaviours and promoting resilience among youth. The study on risk and resilience among youth would typically encompass examining the various factors that can put young people at risk for negative outcomes like safety issues, attempting suicide, substance abuse, sexual behaviour, physical and mental health issues, while also investigating the protective factors known as resilience that enable them to overcome these challenges and thrive to reduce risky behaviour among youth including individual characteristics, family dynamics, peer relationships, community support, and broader societal influences; essentially aiming to understand how youth navigate adversity and build resilience in different contexts.

RATIONALE OF THE STUDY

Looking into the characteristics of youth it is a time of search for meaning, belonginess and achievement. Special emphasis was given to this stage 'youth' since it is a time when maximum number of changes & transition takes place within an individual. Youth at this stage tend to mature biologically, intellectually, & socially & gradually with decrease dependence on their parents and elders. Many young people are caught up in a dangerous lifestyle & place their health and even their life at risk. Though youth face a lot of hardships & problems in this process of growing and evolving, they try to manage their lives on their own and thus learn the art of living by Trial and error. Youth go through a phase of accepting, rejecting, reshaping values and belief. It is a key stage of intense discovery, decision making on career, partner, life direction, etc. Hence, this stage has a tremendous potential to bring a creative transformation or enormous destruction. It is tough to be a youth today where according to many social experts who study human behavior argues that today's youth are under stress as never before (Gulati, 2022).

There is an increasing population and trend of risk-taking behaviour among youth but little empirical evidence exists on its determinants. Examining the effect of socio economic characteristics and living arrangement on youth risk-taking behaviour in Coimbatore becomes necessary. Since youth lifestyles influence the transition of youth and many other aspects that makes youth vulnerable to risk there is a need to provide support to these youth to be able to bounce back from the negative risk, they face in their life to promote resilience and prevent risk. Coimbatore city of Tamil Nadu was selected for the study as it is a leading hub for

education and a fast-growing industrial area, also a home for youth from different states and places who come for education and career purposes.

RESEARCH GAP

The extensive literature review on risks and resilience among youth and their determinants brought out certain research gaps that become a focus point to address. The literature found among the national studies has focused only on one risk factor at a time and collective risk factors were found to be very sparse. However, lacked studies on resilience. In a few studies on resilience, the dimensions of self-efficacy, self-regulation, self-esteem were assessed and as a community approach. Collective patterns of thinking, preferences, and behaviours as a complete ability of resilience were quite scarce and co-existing studies on risk and resilience were lacking.

Looking into global studies, there was a scarcity of studies on the interrelationship of risk and resilience. Most of the studies addressed the risk of uncertainty and defensive coping and resilience of social support and hope, other important domains of resilience were found to be lacking and studies exhibit the general risks faced by youth and resilience with no specific dimensions.

RESEARCH OBJECTIVES

With the rationale specified above, certain objectives of the study are framed as mentioned below:

- To assess the incidence of risk behaviors among the youth.
- To assess the levels of resilience among the youth
- To analyze the interrelationship between the risk and resilience factors.
- To explore the socio-demographic predictors of risks and resilience.
- To examine the effect of sensitization programme on the risk behaviours and resilience among the selected youth

RESEARCH HYPOTHESIS

H1: The various risk factors prevail collectively

H2: The various elements of resilience prevail collectively

H3: Risk and resilience co-exist

H4: Sensitizing youth can enhance resilience

H5: Sensitizing youth can reduce risk

A negative risk is a threat and there is a need to provide support to these youth to be able to bounce back from the negative risk they face in their life. Hence, finding the interrelationship of risk and resilience among youth will support intervention in preventing risk and promoting resilience. The literature about the current research is elaborately reviewed in such a way that it demonstrates a familiarity with the body of knowledge, establishes the credibility of the research, shows the path of prior research and how the current study was linked to it and thereby indicates the directions for future research. An extensive literature survey has been done to culminate the extensive research work on risk and resilience among youth. The reviews are presented under, historical review: exploring the different theoretical perspective and tracing the evolution of risk and resilience concepts, key concepts: Risk (e.g. hazard, vulnerability, exposure) and Resilience (e.g. adaptive, capacity, coping, strategies), factors contributing to risk among youth: socioeconomic status, family dynamics, peer influence, community factors, factors contributing to resilience among youth : individual characteristics, social support, coping mechanisms, access to resources), review of existing studies on risk and resilience among youth across different cultural and environmental contexts, and sensitization program and intervention programme among youth-at risk.

METHODOLOGY

Based on the previous review of literature on both national and international studies the present study focuses on risk and resilience where they tend to co-exist in many ways. The importance of studying both concepts are studied as a holistic approach to challenges. The integration of risk and resilience studies provides a comprehensive framework for understanding and addressing the complexities of challenges faced by individuals and communities, enabling the development of strategies that not only mitigate risks but also enhance adaptive changes capacities for sustainable recovery and growth. With this, the research questions were set up:

1. Whether the various risk factors and elements of resilience prevail collectively?
2. If risk and resilience co-exist what is their interrelationship?
3. Whether socio-demographic conditions determines risk and resilience factors?
4. Does sensitizing youth can enhance resilience and reduce risk?

With the objectives identified and research questions formed the methodology of the research study has been framed under five phases:

- ✓ **Phase I:** Review literature has been collected based for both national and global studies. Identifying the population and sampling, selection of the assessment tools and obtaining the institute Human Ethical Clearance.
    - Population and sampling-
    - Assessment of tools- Three tools were used- socio-demographic profile, the 2019 YRBS questionnaire and the 2017 Resilience questionnaire.

- ✓ **Phase II:** Data collection was completed using the Youth Risk Behaviour Survey Scale questionnaire (YRBS) by the CDC and the resilience questionnaire by the a&dc
    - 2019 YRBS- The tool was developed by the 'Centres for disease control and prevention'. The tool consists of risk behaviours under five domains namely- risk concerning safety, attempting suicides, substance use, sexual behaviour and health issues. The tool has been pilot tested to check the reliability and validity with KMO (.712).
    - 2017 Resilience questionnaire- The tool was developed by the 'Assessment and Development Consultants'. The tool consists of eight components namely- self-belief, optimism, purposeful direction, adaptability, ingenuity, challenge orientation, emotional regulation and support seeking. The tool has been pilot tested to check the reliability and validity with KMO (.768).

- ✓ **Phase III:** Data analysis was conducted for phase II where three analysis was used namely:
    - Frequency and percentage: To assess the level of risk behaviour and resilience among youth and see the socio-demographic distribution.
    - Multiple-linear regression: To identify the predictive capacities of socio-demographic factors on risk and resilience among youth.
    - Canonical correlation analysis: To identify the significant relationship of risk behaviours and resilient elements among youth.
- ✓ **Phase IV:** Conduct of the sensitization for promoting resilience in-order for risk reduction and post data was collected after the conduct of the sensitization programme.
    - To reach out the youth participation using models, activities, having a face-to-face communications in order to enhances feelings of control, meaning and connectedness, relates to making decision, skills and knowledge which can contribute to building resilience and competencies in youth. A module has been planned and formed accordingly based on the outcomes of the pre-sensitization data. The topics covered

under sensitization were unhealthy and abusive risks, addictions, building self-love, strengthening self-efficacy, strengthening protective factors, etc; using ice breaking activities, focus group discussion, quiz, panel discussion, simulation exercise and positive awareness. The whole programme was carried out for a total of 8 days segregated into 16 sessions, with every session for one hour and two sessions per day. This programme was conducted by a trained clinical psychologist and assisted by the investigator. The clinical psychologist plays a crucial role in conducting sensitization programme for the youth using the validated educational content, delivering lecturers/awareness, clearing doubts, tailoring messages to the students to make them aware, and providing counselling sessions if asked and required.

- One college was selected from the central zone based on the prevalence of risk behaviour and permission obtained
- 184 youth were selected based on controlled randomized selection technique, comprises of 122 youth for the experimental group and 62 for the control group waitlist.
- Pre- data was collected in the phase I, post data was collected after 10 days and follow up after a gap of one month.

✓ **Phase V:** Post sensitization data analysis was carried out after collecting the post sensitization data using three analysis namely:

- Paired t test: To identify the immediate effect in pre data and post sensitization
- Independent t test: To assess the effect of sensitization programme and see the significant differences between risk behaviours and resilience among the experimental and control group in the pre and post sensitization.
- Manova: To identify the significant effect and sustainability of risk behaviours and resilience elements among youth in the pre data, post data and follow up.

2. RESULTS & FINDINGS

A. General profile of the respondents

✓ Elder youth between 20-22 years (51.7%) were more than the younger youth respondents between 18-19 years (48.3%)

✓ Male respondents (53%) were more than the female respondents (47%)

✓ Most respondents were from II post graduate (24.4%) followed by III under graduate (20%)

✓ Around 70.4% of them hailed from nuclear family and 2o.6% from by joint family

- ✓ Majority of the youth reside in the urban area (45.4%) followed by rural area (30%).
- ✓ Majority of the youth has an income between 2 lakhs – 5 lakhs (56.5%) followed by an income of 5 lakhs-10 lakhs (22.7%) per annum.
- ✓ Educational status of parents – Most of the fathers of the youth have completed their post graduate (30.5%) and under-graduate (25.8%) whereas the mothers have completed their 10^{th} standard (27.5%) and 11^{th} -12^{th} standard (26.1%).
- ✓ Occupational status of parents-Majority of the youth's father are working in a private sector (48%) and mothers were not employed (69.6%).

B. Levels of risk and resilience among youth in the city of Coimbatore

- ✓ The highest prevalence of risk behaviour was found in tobacco, smoking, self-medication, attempting suicide & health issues.
- ✓ Highlights the moderate level of risk was is found in eating habits, sexual- behaviour, risk of driving & safety isues and physical activities.
- ✓ Looking into the different level of resilience factors by youth in the city of Coimbatore, low level of resilience was found mostly in all domains of resilience starting from challenge orientation, emotional regulation, support seeking, purposeful direction, ingenuity, self-belief & optimism.
- ✓ Only dimension of adaptability was found to have a high level of resilience among youth.

C. Identifying the predictive capacities of socio-demographic markers on risk and resilience among youth

- ✓ Concerning safety all the socio-demographic factors are found to be the significant predictor of safety issues except for area of residence and mother's education. The other socio-demographic variables account for 6.6 percent variance (R=.257, p>.000) on safety issues risk among the selected youth.
- ✓ Concerning attempting suicide all the socio-demographic factors are found to be the significant predictor of attempting suicide except for father's and mother's education. The other socio-demographic variables account for 33.9 percent variance (R=.582, p>.000) on risk of attempting suicide among the selected youth.
- ✓ In risk of substance use all the socio-demographic factors are found to be the significant predictor of substance use except for age, type of family and father's occupation. The other socio-demographic variables account for 7.8 percent variance (R=.280, p>.000) on safety risk issues among the selected youth.

- ✓ Risk of sexual behaviour showed that all the socio-demographic factors are found to be the significant predictor of sexual behaviour except for type of family, father's education and occupation and family income. The other socio-demographic variables account for 5.6 percent variance (R=.238, p>.000) on risk of sexual behaviour among the selected youth.
- ✓ Looking into health issues all the socio-demographic factors are found to be the significant predictor of health issues except for area of residence, mother's education and occupation. The other socio-demographic variables account for 8.7 percent variance (R=.294, p>.000) on health issues among the selected youth.

D. To identify the significant relationship of risk behaviours and resilient elements among youth-

The canonical correlational analysis (CCA) was used to identify the association between two sets of variables, risk factors (variable set 1), and resilience factors (variable set 2), to find whether a relationship between the risk factors and the resilience factors among youth. The tables results collectively showed the full model across the functions which was statistically significant using the Wilk's λ. The other table illustrates the full model function 1 to 4 which was statistically significant. Rc2 Is an overall effect for the full model. Each function has been given a new name based on the characteristics of the predictor variable and outcome variable.

- ✓ Function 1 indicated that higher the substance use and health issues lesser is the ingenuity and challenge orientation and has been labelled as "risk of decreased positivity".
- ✓ Function 2 illustrates that higher the self-belief lower is the substance use and when risk of health issues is high, lower is the adaptability. This function has been labelled as "risk of despair".
- ✓ Function 3 tells that lower support-seeking behaviour tends to increase the risk of attempting suicide and there are lesser safety issues. This function has been labelled as "risk of impulsivity.
- ✓ Lastly approaching to function 4 tells that lower support-seeking behaviour tends to increase the risk of attempting suicide and there are lesser safety issues. This function has been labelled as "reduced self-efficacy and maladjustment."

E. Identifying the immediate effect in the pre data and post data sensitization

- ✓ Risk- The test results showed a significant decrease in the mean scores of post-tests when compared to the mean scores of the pre-test that represented lower the scores

lower the level of risk behaviour. Looking into the Cohen D value it is found that the effect size of safety issues is small, effect size of attempting suicide and health issues is medium and of substance use and sexual behaviour is large.

- ✓ Resilience- The test results showed a significant increase in the mean scores of post-tests when compared to the mean scores of the pre-test that represented higher scores higher the level of resilience. While in the dimension of adaptability the mean scores of pre and post sensitization did not show any difference. Also looking into the Cohen D value, we can see the effect size of ingenuity, challenge orientation, support seeking is found to be medium and of self-belief, optimism, purposeful direction and emotional regulation is high.

F. Assessing the effectiveness of the sensitization and see the significant difference between the risk behaviours and resilience among the experimental and control group in the pre data and post data sensitization

- ✓ Risk- The table showed that both the experimental and control group youth exhibited higher levels of risk behaviours showing significant differences at 1 % levels whereas in the post sensitization data, it can be observed that the mean scores of the experimental group have decreased considerably indicating the reduced involvement in behaviours when compared to control's group persistent higher scores. The differences mean scores was significant at 1% levels.
- ✓ Resilience- The table depicts that both the experimental and control group youth showed similar mean scores whereas in the post sensitization it is observed that the mean scores of the experimental group showed an increased in self-belief, optimism, purposeful direction, ingenuity emotional regulation and support seeking. However no sig differences was seen in the dimensions of adaptability and challenge orientation.

G. Identifying the significant effectiveness and sustainability of risk behaviours and resilience elements among youth in the pre data, post sensitization data and follow up data

- ✓ Risk- The table exhibited the multivariate analysis of variance which was done to test the statistical analysis significance of the effect of the independent variables on the set of the dependent variables that is the effect of the sensitization programme on the risk factors among youth of the experimental group during the pre and post sensitization and follow up data after a gap of one month. The first step of the analysis is the descriptive statistics which shows the mean and the standard deviation of the variables. The assumption were met through test of sphericity. The

univariate test results showed a significant interaction between the subject factors of all the risk behaviours namely risk concerning safety, attempting suicide, substance use, sexual behaviour and health issues with 16.5%, 30.7%, 75%, 70.2% and 23.4% of variance respectively based on the given Partial Eta Squared value. Pairwise comparison tables also showed the difference between the mean scores of the factors of risk measures. Though effectiveness was observed in scores of risk behaviours but risk of safety issues was not sustained during follow up showing a slight increase, which indicates the need for regular or periodic sensitization or intervention programme.

- ✓ Resilience- The table showed the multivariate analysis to see the effect of the sensitization programme on the resilience among youth of the experimental group during the pre and post sensitization and the follow-up data after one month. The first step of the analysis is the descriptive statistics which shows the mean and standard deviation of the variables. The assumption were met through test of sphericity. The univariate test results showed a significant interaction between the subject factors of all the domain of resilience namely self-belief, optimism, purposeful direction, ingenuity, challenge orientation, emotional regulation, support seeking except for adaptability with 26.8%, 37.8%, 40.8%, 4.3%, 11.4%, 25.9% and 4.9% of variance respectively based on the given Partial Eta Squared value. Pairwise comparisons tables also showed the difference between the mean scores of the factors of resilience measures. In resilience though the effect was seen in the post test, few dimensions like challenge orientation, adaptability and optimism showed a slight decrease during follow up showing a need for reinforcement and regular intervention to sustain resilience.

SUMMARY & CONCLUSION

The observation in this study indicated that substance use was one of the risky behavior among youths. Regardless of the party culture in the city, the ignorance about the dangers coupled with the easy availability of cheap products has directed to high tobacco use. Smoking is another factor of substance use which was observed to be high at 88%. The Center for Disease Control and Prevention in 2022 conducted a study, which found that close to 1 of every 100 middle school children and nearly 3 of every 100 high school students testified that they had smoked cigars in the past 30 days. An article released by Adyar Cancer Institute “The Tamil Nadu Tobacco Survey 2015–16” predicted that there were about 17 lakh people in the

Coimbatore district and rural population covering up to 3.8% in the urban areas consumed nicotine-rich products. Nevertheless, according to The Times of India, 2017, the numbers were still higher in the rural areas. The use of drugs was also found to be closely high with 35.8% in this study. On December 14, 2022 youths between the ages of 22–25 years were arrested with methamphetamine in crystal form, a recreational drug in Kerala and Tamil Nadu. According to the police, youth use it at rave parties. Furthermore, it was found that one 19-year-old youth possessed drugs such as ganja and methamphetamine and a youth from a private college was also found to possess drugs. These incidents are so alarming, earth-shattering facts about the risky behaviors of youth. The behavior of substance use has made them so reckless. The use of the substance is not only causing health risks but also impeding their future life.

Self-medication is another alarming concept among youth in our study displaying 71.4% high level of risk that triggers young people's lives today. According to a study of 352 respondents from 124 households in urban Puducherry revealed that 11.9% reported to be doing self-medication and it was noted that males under 40 years of age involved more in practicing self-medication for fever, headache, and abdominal pain. The most common method adopted to procure medicines from a pharmacy was based on the symptoms of the illness. Very commonly, respondents' felt that self-medication was harmless and also advised others about the self-medication they use. Self-medication is an absolute risky behavior, health education intervention for youth and monitoring pharmacies might help in curbing this practice.

Body weight was another major problem among youth in our study showing 55% of high level of risk. A study was conducted by Shanmugam *et al*. among 890 children and adolescents aged between 5 and 19 years. Around 13.03% were found to be obese and overweight. The alarming situation in the rural areas of Coimbatore can be sensed here. The eating habits of children and adolescents might be one reason which is steering its way through this risk.

The socio-demographic factors were found to be significantly predicting for risk behaviours and resilience mong youth.

The CCA demonstrates the collective relationship between the risk factors and resilience among the youth where it resulted showing substance use and health issues were the predictors for low ingenuity and challenge orientation and the lower the support-seeking, the higher the risk of attempting suicide This demonstrated theoretically that where there was a high risk of substance use and health issues, lesser the support-seeking behavior was

demonstrated. With this youth tend to find it challenging to detect a way out of their problems or risks. The terminology and science of risk and resilience emerged primarily from the health sciences and particularly from the investigation of psychopathology. The risk factors are the causes of undesirable, non-formative developmental outcomes, and resilience is a pattern of behavior and functioning indicative of positive adaptation in the context of significant risk. These results are generally supportive of the theoretically expected relationships between risk and resilience. Therefore, these functions seem to capture theoretically consistent relationships that we may collectively call "Risk of decreased positivity," "Risk of despair," "Risk of impulsivity," and "Self-efficacy and maladjustment." Based on the characteristics of the primary contributor of resilience that is ingenuity, adaptability and purposeful direction. The study of risk and resilience seeks to illuminate the causes, mechanisms and subsequent developmental consequences of constancy, and change in behavior and functioning in the face of adversity.

The outcomes of the present study showed those with a history of substance use, sexual behavior, attempted suicide, and health issues had lower self-esteem and ingenuity. Youth is usually well-thought-out as a healthy time of life. The complications faced by youth today are linked to the social factors and lifestyles. Youths become vulnerable to environmental influences due to their period of life of transition from childhood to adulthood. They are more inclined to a number of health-impacting conditions because of their personal selection which includes indulging in risky behaviors such as substance use, consumption of tobacco and alcohol, being reckless such as rash driving, committing or attempting suicides, sexual risk behaviors leading to teenage and unplanned pregnancies, contacting STIs and STDs, ending up on streets being homelessness, indulging in vandalism and violence etc

Coming to the risk of attempting suicides, it was reported that about one million people commit suicide every year. As per the official reports in 2011 between the age of 15–29 years, it was found that approximately 1,36,000 people ended their lives or committed suicide in India. "A study from Bangalore in 2013 showed that out of the 5115 attempted suicide, 912 were in the age group 10–15, 16–20, and 21–25 years and girls were higher in number than boys." An age-specific suicide prevalence rate among males and females aged between 15 and 24 years was found to be 5.1 and 8.1, respectively, per 1,00,000 population per year Soman *et al*. "In India cities such as Chandigarh and South Delhi were found to be leading in the problems of children and adolescents, especially with suicidal thoughts and attempts where suicidal thoughts were reported by six percent of children and adolescents aged 11–17 years and 15.8% aged 14–19 years and suicidal attempts were reported by 0.4% of students aged 11–

17 year and 5.1% students aged 14–19 years".

The risky behaviors among youth such as drug and alcohol abuse, road rage, delinquent behavior, unhealthy eating habits, obesity, and homelessness are the consequence of poor decision-making. Youth who are less resilient might turn to bring up harmful actions and have negative beliefs about themselves to handle the challenges in their lives. Lack of resilience leads to the adverse outcomes. Researchers have acknowledged that a lack of resilience in adolescents and youth may lead to psychosocial maladaptation and psychopathology in later life. Resilience can be practiced and youth may be educated to be resilient. Consequently, resilience should be determined at an early age to curb risk behaviors.

The study emphasizes the differential impact of risk and resilience on the different aspects of youth functioning and supports the need for specificity in resilience research.

Low levels of resilience are associated with an increased risk of substance use, health issues, and attempting suicide. This highlights the importance of promoting preventive behaviours amongst a high-risk population. Controlling this risky behaviour by raising the awareness early in life may help decrease the burden of complications, injuries, and even death. Attention to risk factors at both individual and social levels is required to provide the fullest understanding of healthy youth and improve their well-being with enhanced resilience.

- Majority of the youth experienced moderate level to high level of risk behaviours.
- Majority of the youth experienced moderate levels to low levels of resilience.
- The study explored a substantial rate of collective behaviour of risk among youth in the city of Coimbatore. A significant correlation was noticed between risk behaviours and resilience among youth. It indicates that if youth indulged in risky behaviours then they experience low protective factors.
- Socio-demographic determinants showed a significant influence on the risk behaviours and resilience of youth.
- Effectiveness and sustainability of the sensitization programme in preventing risk and promoting resilience:

    ⇒ There was a significant decrease in mean scores of risk factors in the post-test when compared to pre-test.

    ⇒ There was a significant increase in mean scores of resilience components in the post-test when compared to pre-test.

⇒ A significant differences was found between the experimental and control groups in the pre and post data. These substantiated the positive effect of the sensitization program.

⇒ Though effectiveness was observed in scores of risk behaviours but risk of safety issues was not sustained during follow up showing a slight increase, which indicates the need for regular or periodic sensitization or intervention programme.

⇒ Similarly, in resilience though the effect was seen in the post test, few dimensions like challenge orientation, adaptability and optimism showed a slight decrease during the follow up showing a need for reinforcement and regular intervention to sustain resilience among youth.

Recommendations:

- The study can be conducted on school and college dropouts too.
- Recommends for a long term intervention and follow-ups rather than sensitization for a better reinforcement in sustaining prevention of risk and promoting resilience.
- The study recommends an intervention programme which includes parents and family members, schools, colleges, teachers, educators, administers, along with youth to have a better coverage for reducing risk and enhancing resilience from all facets.
- Having a comparative study of risk and resilience among youth in the different states of India.

Implications:

The present study on the determinants of risk and resilience among youth and the effect of the sensitization programme puts forward few implications based on the study findings that are as follows:

1. Implications for the youth themselves
2. Implications for the college and school administrators
3. Implications for the teachers
4. Implications for the parents and family members
5. Implications for the community
6. Implications for the policy makers.

- ✓ College connectedness: Importance of college connectedness when students feel that adults and peers in college care about their learning as well as about them as individuals that include a sense of being cared for, being supported and belonging at their college which can link to positive educational, behavioural and health outcomes in adolescence, youth and adulthood. Understanding the association between adolescents' perceptions of school connectedness and their behaviors and experiences is important for identifying ways that schools might promote healthy behaviors, protect against risk, and facilitate healthy trajectories. In 2021, for the first time, the Youth Risk Behavior Survey (YRBS) included a single-item measure of school connectedness, providing the opportunity to examine perspectives of connectedness among a nationally representative sample of U.S. high school students. Using YRBS data, this report explores the association between perceptions of school connectedness and adolescent behaviors and experiences. The findings in this report can support the development of interventions and guide decision-making among educational and public health leaders about ways to best promote and protect the health of adolescents. (School Connectedness and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 202, April 28, 2023/72(1); 13-21)

- ✓ To provide with resilience enhancement programme in various colleges and the way they enhance programme should intervene resilience with risk reduction regularly and periodically to reinforce and sustain the effect.

- ✓ Concerning the socio demographic factors that predicted risk behaviors and resilience in the study, there is a need to involve the families, colleges, peers, educators, administrators and the policy makers for the many awareness program and promoting resilience enhancement programmed.

Publications

1. Kharpuri F., & Bhaskar R. (2024), Influence of Socio Demographic Variable on Violent Behaviour Among Youth. *Studies on Ethno-Medicine,* 18(2), 81-88.
2. Kharpuri F., & Bhaskar R. (2024), A Study Exploring Relationshio Between Risk Factors and Resilience Among Youth. *Indian Journal of Psychiatric Nursing,* 21(1), 50-57.

3. Kharpuri F., & Bhaskar R. (2024), Explorative Study on Risks and Resilience Among Youth-An Analysis of Sensitization Programme. *The Indian Journal of Home Science,* 36(2), 418-429

Reference

United Nations (2013). Peace, Dignity and Equality on a Healthy Planet: Youth; Data are from World population Prospects; UN. The 2012 Revision. Available from: https://www.un.org/en/ global-issues/youth. [Last assessed 2013 June 17].

Beverly Killian (2004). Risk and Resilience: A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa. *Sabinet African Journals.* https://hdl.handle.net/10520/EJC48654

Centre for disease control and prevention. (2022) Source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion.

Adyar Cancer Institute (2016). The Tamil Nadu Tobacco Survey 2015-16: Tobacco Consumption Higher in rural areas of Dist.

The Times of India (2017). Tobacco Consumption Higher in Rural Areas of Dist. Adyar Cancer Institute. TNN IST; Jun 1, 2017, 11:39

The Times of India (2022). In Coimbatore, Five Supply Drugs to Youths, Held. TNN IST; 2022.

Selvaraj, K., Kumar, S.G., & Ramalingam, A (2014). Prevalence of self-medication practices and its associated factors in urban Puducherry, India. Perspect Clin Res 2014; 5:32-6.

Shanmugam, K., Ravishankar, L., & Kannappan, S. Prevalence of overweight and obesity among children aged 5-15 years in a rural school in Coimbatore. *International Journal Med Sci Public Health* 2016;5:1.

Soman, C.R., Safraj, S., Kutty, V.R., Vijayakumar, K., & Ajayan, K (2009). Suicide in South India: A community-based study in Kerala. *Indian Journal of Psychiatry* 2009;51:261-4.